

Rafael Pelayo interview

Rafael Pelayo: [00:00:00]

you don't have to be in bed with these mixed signals because when you're laying in bed with the racing part, you're telling your body is, Hey body, I want you to sleep. Hey brain, don't forget to take care of this. And you're spinning your wheels, not getting anywhere, right? If you're stuck in the mud, stepping harder than the gas, is that going to get you out of the mud, you got to change your approach to it

Diana Hill: [00:00:17] you're listening to Dr. Rafael Pelayo on psychologists off the clock.

Diana Hill: [00:00:23] We are four clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships work and health.

Debbie Sorensen: [00:00:31] I'm Dr. Debbie Sorensen, practicing in Mile High Denver Colorado

Diana Hill: [00:00:35] I'm Dr. Diana Hill practicing in seaside, Santa Barbara, California.

Yael Schonbrun: [00:00:39] From coast to coast. I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist and assistant professor at Brown University.

Jill Stoddard: [00:00:45] And from sunny San Diego, I'm Dr. Jill Stoddard author of Be Mighty and The Big Book Of Act Metaphors.

Debbie Sorensen: [00:00:50] We hope you take what you learn here to build a rich and meaningful life.

Jill Stoddard: [00:00:54] You guys, we have a super exciting announcement here at psychologist's off the clock. We are hosting our first annual psychologists off the clock wise, mind summit, how to adapt and thrive in today's challenging times.

And we are bringing incredible experts on all different topics to help you flourish and your work, parenting relationships, and health. So Diana, tell us about this incredible lineup.

Diana Hill: [00:01:19] We have to two full days lined up for you and cover everything from growing the good in your brain and your life to how to build more movement into your life.

How to build more self care, navigating the demands of work, parenting, and partnership, how to empower our kids during challenging times, and , how to help you with healthy habits, especially during a pandemic. And it's going to be fantastic. All four of our co-hosts are going to be presenting in addition to Michael Harold.

and some people that we really admire and want to hear from again, including, Alex paying Robyn Gobin, Julie Lithcott-Haims, Rick Hanson, Katie Bowman and more.

Jill Stoddard: [00:01:58] So join us on Friday and Saturday, January 29th and 30th to register, you can just go to our website off the clock, psych.com. And the

best part is you guys. It is for free. So you don't want to miss this amazing summit with these amazing, amazing speakers

Diana Hill: [00:02:20] To have Dr. Rafael Pelayo from Stanford on the show today to talk to us all about sleep. And it's something that's on a lot of our minds right now when we're not sleeping. And what I really appreciate about Dr. Pelayo is he takes such a flexible approach to sleep. He doesn't say there's just one way to go about it, or one way to do it.

And I'm curious, Yael what were your thoughts on the episode?

Yael Schonbrun: [00:02:44] Well, first of all, in my therapy practice, everybody's talking about what a hard time they're having with sleep. And I personally can relate so much to this. Um, I think ever since the pandemic started, I've been really struggling. I think it's, you know, the chronic stress and worry and all the things that are on my mind and, you know, not to mention aging.

I was just saying before we started recording Diana that I had a rough sleep last night because, um, I hurt my back and I couldn't find a comfortable position. And so sometimes, you know, sleep problems can stem from like, things that have nothing to do with our mind worrying, but like physical issues and still a lot of the strategies that he offers are really helpful.

One of the things that I find really useful is just to not get too hung up on the fact that I'm going to be tired tomorrow, but rather just to try to rest where I am or try to do something restful. And I think, you know, switching your attention away from worries. And into something that feels more restful is, is a really useful strategy.

And one that, you've talked about before with Dr. Alicia Brosse on a previous episode.

Diana Hill: [00:03:51] Yeah, Dr. Brosse talks a lot about, , cognitive behavioral, , interventions for sleep and in particular, more acceptance based or act based, CBT interventions. And one of the reasons why that works so well is exactly what you're talking about is that there's this whole paradox of sleep. It's the thing that the more we try to.

Get ourselves to sleep. The less likely it's going to happen and sleep has this real two-way street in terms of mental health. One, if you're not getting as much sleep, you have higher risk for mental health conditions. And then a lot of mental health conditions can cause us not to sleep

And Dr. Rafael has a really, kind compassionate approach and is really reassuring when you listen to him, it's going to be okay if you don't sleep. My favorite part is when he said, if you wake up in the middle of the night, be glad you're alive.

Yael Schonbrun: [00:04:38] I love that.

Diana Hill: [00:04:39] One thing to know is he's going to be back with us on our summit in January. So send us your sleep questions. We know you have them, and we'll be able to ask him live, and get them answered for you. So anything that you have back pain or, uh, any other words we can ask Dr. Pelayo?

Yael Schonbrun: [00:04:56] and Diana, ,

Yael Schonbrun: [00:04:57] you had been talking before about asleep meditation

Diana Hill: [00:05:00] oh, yeah. there's a lot of different things that I do when I can't sleep. Some of which I talked about in the episode, but one is I use, um, more kind of visualization practices and yeah. There's a visualization that I use for myself, but I also use with my kids when they wake up in the night and I'd go in and tell it to them.

So if you want to check that out, you can go to my website at drdianahill.com. It's just a little short audio that you can listen to and then do for yourself when you can't sleep, your kids can't sleep or maybe even your partner can't sleep. So take a look at drdianahill.com.

Diana Hill: [00:05:30] We really value our continuing education here at psychologists off the clock And we know that you value yours too That's why we're thrilled to bring you our partnership with Praxis continuing education and training Praxis aspires to set a new standard in evidence-based professional development for behavioral health professionals They offer both live and online workshops conducted by top class peer reviewed trainers and contemporary behavioral therapies including acceptance and commitment therapy or act compassion focused therapy radically open dialectical behavior therapy and others Praxis is the premiere ACT training facilitator in the nation with reoccurring workshops from ACT co-founders Steve Hayes and Kelly Wilson, as well as a number of other leaders in the ACT community.

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Dr. Rafael Pelayo is the author of how to sleep and a clinical professor at Stanford university. Since 1993, he has worked at the Stanford sleep disorders clinic. He teaches the popular sleep and dreams, undergraduate course, and coauthored the textbook with Dr. William Dement. And I've heard that they squirt you with a squirt gun. If you fall asleep in that class. He's lectured throughout the country and internationally. And he helped lead the effort to delay school start times in California, which we think here in California, as parents of pre-teens, uh, he's an, his undergraduate degree is from the university of Puerto Rico.

And his initial exposure to sleep was in as a medical student in the Bronx. And it became the focus of his career. He trained in child neurology as a pathway into sleep medicine. He currently volunteers in leadership positions for the American Academy of sleep medicine, the national sleep foundation school start later and the California sleep society. Welcome Dr. Pelayo. It's such a treasure to have you on. We need you right now. We haven't been sleeping. A lot of us haven't slept for the whole year 2020. So, uh, it's good to have you and help us get back on track with better sleep.

Rafael Pelayo: [00:07:26] thank you so much for having me on the show. I appreciate it.

Diana Hill: [00:07:29] your book, how to sleep is excellent.

And as we were talking about, before we started recording my partner and I have been like fighting over it, he keeps on stealing it from me. I was trying to get it read by this. Date , and , what I love about the book is that you, you cover a whole lot of information in a really accessible way.

It's, it's actually as a page turner on sleep, which is. I don't know ironic, but, it covers everything from why animals sleep. Right. It's, it's quite interesting Sleep has become such a hot topic. I don't, I imagine it wasn't quite as hot when you entered into it as a medical student, but it's, it's everywhere now. It's equivalent to eating and exercise in terms of our physical health and as a psychologist or mental health, I think a good place for us to start is just maybe even understanding what is, what is sleep what's happening.

When we sleep, before we tackle some of the problems associated with sleep, could you start there?

Rafael Pelayo: [00:08:20] Sure. Um, yeah, you're completely correct. When I was a medical student, there was a novelty to get into sleep. And when I was in year two, Puerto Rico, I had asked somebody I wanted to learn about sleep and they laughed at me. He said, nobody does that. And I'm the first physician in my family. And I remember somebody told me what are you doing?

You can be a surgeon. You can do so many other things. What are you doing? Sleep this, like, what's wrong with you? And I took out all these student loans and all this debt and. I was just like curious about it. And when I started in 1993 at Stanford, their entire States that didn't have sleep labs, so it was completely wide open.

, my curiosity about sleep, I think began, I think when I was 12 or 13, I had a lucid dream and I was like, Oh my God, I could do whatever I want. And then I became curious about why do we dream? Why do we sleep? And I was interested in animal behavior

why do animals sleep the animals dream, but I thought it was such an interesting topic to get into, because what was fun about it is that people got better and we can talk about what asleep, but it's an unusual you will not to improve. So especially something like neurology, where people have such horrible diseases that don't get better, easily sleep.

It seems the right thing to do.

Um, interesting to think about defining sleep, because we've been doing it longer than we've been eating along and we've been exercising. People sleep in utero. Just as a simple working definition of sleep, sleep is a natural physiological restorative process. and somehow restores our ability to, to, to think and to function. But the question is what's it actually restoring? We don't know that. Right. We know we feel better. All of us have had the experience of, you know, being so tired that you can't go on to sleep.

You're studying, you're reading, you're doing something because I can't do it. , and then you finally fall asleep and then. Magically, it seems a few hours later,

your brain is recharged. It's refresh. You can now do something you can do before and you feel good.

So it is this wonderful, mysterious, physiological process that goes on and I've come to think of sleep as the ultimate form of self care. You think about it, right? Because it's, it's what the brain needs or what the brain wants. And it's not just your brain entire body sleeps, but it seems to be really in neurological or a part of something.

The brain really, really has to do well more than anything else.

Diana Hill: [00:10:32] yeah, so you've written this book, how to sleep and in it, you go through. Some of the interesting things that are happening in the different stages of sleep, like during REM sleep or working on our memories and emotions and during slow wave sleep, we may be, working on, growth hormone. And, and so could you talk just a little bit about maybe the stages of sleep, what we go through and then, uh, what happens when that sleep gets interrupted?

Rafael Pelayo: [00:10:58] Sure. So. Initially people thought sleep was this kind of this passive thing. And poets and writers and philosophers always described sleep as this deathlike state. And it wasn't until they started looking at brain waves that they realized that sleep was a very rich, active process. And in fact, the sleeping brain may use it more, more glucose when it's sleeping than when it's awake.

the brain is not this passive thing. And patients say this all the time. This is where I can't sleep. As I can't turn off my brain. I mean, how many times have you heard that? My problem is they can't turn off my brain and I said, well, that's supposed to turn off your brain.

It's not what sleeps about sleeping. Your brain is not turned off at all. It's actually quite active. It's it's, it's doing busy work. It's maintenance. It's things are going on. Once they realized that sleep was this active process. Then they caught on to this and the early fifties, um, my, my friend and mentor, uh, build the, it was doing this, um, that there would seem to be two very different kinds of sleep.

That one is when you were. Dreaming and the other ones, when you, when dreaming the rapid eye movements, So they divided sleep into this REM sleep REM sleep and non REM sleep. And the focus then of these early sleepers sutures and the fifties was all about Freud and segment for it coming in.

And remember that Sigmund Freud wrote the interpretation of dreams and it was published in 1899. That's a long time ago and the human EEG was not developed until 1924. So it was 25 years later that they could actually measure brainwaves and then 25 years later, when they could actually do the study all night and realize that the brain was different at different times of the night.

So once they found the Ram, they thought, Oh, this is linked to dreamy. This is what it's all about. Kind of disrespectfully built event called the rest of sleep, non REM sleep REM and non Ram. That's how we think about it.

We have 80% of our diet is non-REM, but even that chunk of sleep looks different at different times of the night. So they talked about it. It'd be light, intermediate and deep. So now we use the term of the sleep stages.

We enter sleep into stage one.

And I think of it like transmissions in a car is gear how the car gets moving. And stage one is the stage of sleep that often gets ignored because, uh, we think, well, you want to get a deep sleep.

Delta sleep or slow wave sleep is only about 10% of the night if you're really healthy and fit. And if that was what we needed, we give it a 90% of our night. How about half of it? 60% is stage two, but the stage one is what often gets ignored. people in stage one, think they're awake when a factor is asleep, that's our lightest level of sleep.

And that's something that a lot of your, your patients and clients will say that I've been lying in bed awake for hours. But if you really talk with them in detail, you realize that they've been drifting in and out of sleep so lightly that they feel like they're awake, but they actually getting some sleep, but it's not a satisfying So those are different sleep stages.

Diana Hill: [00:13:48] and I have a question around that because as people have gotten more into sleep, they've also gotten more into trying to figure out what's happening. Some of that kind of personal biohacking with. I'm wearing my aura ring. People have their whoop, you have your phone that tracks it, and I'm not even sure how accurate any of this is, but.

But what I do notice is that in the beginning of the night, I go into deep sleep pretty quickly. I stay in deep sleep for long periods of time. And then it seems like I go into REM later on in the, in the morning time. And if I set my alarm really early and I wake myself up, I'm often waking up in a dream.

So is that part of uh, the landscape of sleep

Rafael Pelayo: [00:14:26] Correct? Yes. So you go through these different cycles in these different stages and the, the summation of all these different stages, it gets the term sleep architecture. sometimes you hear people talk about, uh, is my sleep architecture affected by a medication or by some exercisers, some other factor.

Um, the REM sleep, uh, dominates the last third of the night. But you, but it depends on your age also because when, when a baby is born, half of their time that they're sleeping is in REM sleep or active sleep. So the book of a newborn sleep is actually dreaming sleep. And when I first came to California from New York, somebody asked me a question.

I said, I was giving a lecture. I said, well, half the time the babies maybe sleeping 17, 18 hours, half their time is dreaming sleep, but nobody knows what the dreaming about. And then some lady raised her hand in the back. In the room and said, uh, did you mean about their past lives? And I'm like, I'm in California now I've arrived.

I mean, I don't know how do I

Diana Hill: [00:15:22] welcome to

Rafael Pelayo: [00:15:22] you know exactly it might be true. I mean, there's no way of saying yes or no. We talking about an infant, but the point is that they have all this active sleep or dreaming sleep

so they start off life dreaming. And if you have a newborn, you can start seeing their eyes darting under the, under their clothes eyelids as they fall asleep. But

later as we get a little bit older, Do dreamings dominate the last sort of the night and you're doing exactly the right thing.

Diana, you can actually set your alarm clock. You can, you can re report. So, um, having a dream and one of the questions that came up early on in the sleep researchers and the dream researchers in particular were people saying, well, I don't, I don't think I dream does everybody dream. And what they did was they took all these volunteers who reported not dreaming.

And they want to put him in a sleep lab and they weren't Reb sleep. They'd wake them up. And then 80% of the time they reported dream. So these people who were saying they don't dream actually were just not aware of their dreams, which is different. And that changed psychoanalysis completely because it's not whether you're dreaming or not.

It's whether you have recall of your dreams and how can you have that.

Diana Hill: [00:16:25] So what is the, function of, dreaming then? what is it doing for us And those early mornings

Rafael Pelayo: [00:16:31] dreaming. different ideas have come about it. There's several, several different lines of thought about it from a line of thought thing that Jamie has no function at all. Then it's just, uh, something we're wasting our time dwelling on that the bulk of sleep is what matters more to other folks.

That is what I think is more accurate is that sleep is enhancing our memory. It's a way of testing systems. Um, there's an idea that dreaming is actually, um, the mechanism some day, we're going to figure out the physiology of creativity, right? It, creativity is a human function, right? How do you troubleshoot?

And. the biology creativity may be tied into dreaming sleep because dreams are very creative spaces and we can test out ideas and test things out. and that sense of, they always think of it as we're animals and an awake animal in danger of being attacked and a sleeping animals that are in even greater danger of being attacked.

what gives us an edge over other animals is that we can adapt to a changing world. So, how do you adapt to changing world? You must take information that you, that you've required when you get new information, incorporate the new information. With your old knowledge, you already have in your brain to solve a new problem.

And that's what makes us different, right? If anything makes us different. Um, and then maybe you should be degrees of it. But the ability to adapt to a changing world means that we have to be able to take some time to get into our own heads a little bit about what we've learned. if I'm in the middle of doing something, I can't stop to recollect all these things that I've done before that I've got to get into my head a little bit.

For the last, like three or four days, I've been trying to remember a name of a song. I have to be a Paul Simon song, um, that I played for a friend. And I can remember what that song was. And then just about half an hour ago, like it came to my head But it's, it's been percolating in my head for a while. And Meredith I'm here for a while there that I can't remember this thing, but at the same time, I

can't focus all my time to this. I'm seeing patients doing other things. So it's been in the back of my mind. It really is in the back of your mind for awhile.

And maybe in dreaming things come to the front of your mind a little bit, you can find these connections, but you know, that relief you get when something just pops in your head that you've been struggling to remember, and it's showed up. And I was just happy to get that. So dreaming is going to be tied into this issue of a memory.

And it's going to be able to be tied to creativity. And I think it's more of an epi phenomenon in some way, like somebody says, well, um, if a biologist were to ask you, uh, and I mentioned this to the book, if somebody would have asked you does, um, the singing have a function. Right. Cigna have a function. The biologists say, well, you, don't probably not because you can live your life and never sing.

Right, right. You don't have to sing. a lot of people say they don't sing, but if you ask an anthropologist or somebody who's a sociologist singers are among the most valued people in our society. So for the biological point of view, what we really need to do is exchange air, right? We need to exchange carbon dioxide for oxygen, but from that need to exchange.

Err is ability to control our breathing, which leads us to, to communicate let's us sing. If you see a newborn baby they're singing before they're talking, right? This is a very sing song, equality to what you're doing. So certainly singing is important and it's more perhaps an epi phenomenon that gives us an advantage to communicate to the people.

And there's no doubt that dreaming as been a value to our society. It's it's inspires people. We talk about a leader having a great vision. That's a quick, you know, where does that coming from? This comes directly from dreaming and every single religion you can think of is written about dreams and they're sacred texts.

So, so it's very influential to our lives. but some people would argue that it has no function at all. In fact, a lot of our patients, clients are using antidepressants and this oppressive ability to dream. So I think definitely has a functions to it. but you can get by with doing it less, but life is better when you have, you can recall your dreams.

I think,

Diana Hill: [00:20:26] And even speaking of California, and you do have a whole section about lucid dreaming in your book, where if you want to go in there and, and, um, tinker around with your dreams a bit, some ideas around that. One of the things that you just mentioned with the Paul Simon song, which now I need to know what's the song.

If it was stuck in your head.

Oh, yeah. She's got diamonds on the silver shoes. That's an excellent one. Uh, but sometimes, you know, we can't get something to pop into our head. And then other times we can't get things out of our head and oftentimes the times we can't get it out of our head, it's when we're trying to fall asleep.

And that can be such a problem for us. Folks that are trying to go to sleep. It seems like everything rushes in all, everything from our list of, to do's to things that happened months ago, we're ruminating about, can you talk a little bit about, uh, insomnia, because sleep is this paradoxical thing where it's like, I kind of think of it's like catching a butterfly, the harder you try it at the.

Further, it moves away from you and you have to just sort of sit back a little bit and let it come to you. But what's happening when we experienced insomnia. And I know there's a lot of different pathways, but,

Rafael Pelayo: [00:21:35] Insomnia is a symptom that becomes a syndrome.

And if you think about it, all of a sudden occasional bouts of insomnia, right?

There are some times you should not be sleeping. So in Simon simply defined as an interruption of your sleep or an inability to fall asleep or an ability to stay asleep to the point that bothers you the next day.

Right. Many of our, uh, uh, patients, the clients you'll see, will say, well, I didn't sleep last night. Like what? Why does it bother you didn't sleep? And then they say, well, if I didn't sleep, because now I don't function well, the next day.

So even though the complaining to you about their sleep with really complaining to you about is how it impacts how they feel when they're awake. Cause if it didn't bother them, it wouldn't be an issue. If you didn't have to sleep, you could just use that time to do other things. So it's not this sleeping per se.

It's how the person thinks that they're not sleeping, is going to affect them the next day and certainly can affect them the next day. once, you know, The misery of, knowing that you're not functioning well, that you can't do what you want to do, that you mired down because, you feel you're not functioning as well as it could.

And ended up patching tire life, your both your professional and personal life interaction with your loved ones. And they say, well that's because they didn't sleep. That'll bother you. And then. the next time it happens, we go, here I go again. and you get these vicious cycles.

It's a horrible thing to have insomnia, because people often feel out of control of their sleep. That's something you often hear about. Patients will tell you. Clients will tell you if I'm lucky I get five hours of sleep. If I'm lucky and rarely that implies places that sleep is coming from some outside source.

And if you're lucky and also. When people have insomnia, which truly occurring is they become hypervision too sleep because it becomes a problem to be solved. If I don't sleep well, tomorrow's going to be a bad day. And I got to expect what's going to happen tomorrow. And it puts pressure on them. And if something gets to do every single night, people talk about when they have people with assignment talk a certain way that nobody else talks.

The only people who say I try to go to sleep. Nobody else ever says that you're not trying to breathe. You just breathe. It's a natural biological process. sleep will come eventually. But what happens is when people try to sleep on way to try to sleep is by keeping yourself awake.

And I, and I think there's parallels to breathing, right. You're just breathing naturally because you're not focused on your breathing. You're just doing it. But

breathing has voluntary control. You can hold your breath on the water. You could. You could re facet.

If you needed to, you could take deeper breaths. You can, you know, you can laugh, talk and sing. So you have this voluntary control of breathing, but if you leave it alone, it'll flow by itself. Sleeps the same way sleep has this voluntary component to it, but it's only a one way street. You can volunteer to keep yourself awake.

You can voluntarily put yourself to sleep. If I were to say to you. when I count to three, stay awake. Okay. Stay away. You have to stay awake. I'll give you a prize. Okay. But if you, I want you to fall asleep through the second and I'll give you a prize. You won't be able to, so you can only voluntarily keep yourself awake.

So once when people are in bed and they're thinking about, I have to sleep, you put pressure on, you're supposed to sleep in. Once you put pressure shifts asleep, your brain's reaction is something is wrong. And if something is wrong, what should they do? Stay awake.

the paradox of sleep, as you mentioned, is that we can be attacked at any point while we're sleeping.

So we have to have mechanisms built into our brains to keep ourselves awake. How can a mother feed a baby every two to four hours or less biologically, that woman is able to interrupt her sleep. Take care of, have a baby and go back to sleep. And we all have this ability to interrupt her sleep. It's it's a, it's part of the physiology of sleeping.

When we're in immediate danger, somebody else fire, no matter how sleepy you are, are you going to get up and go? So if you're in immediate danger, you're going, you're going to wake up and take care of things. And if you're in a state of serenity, you're going to sleep very nicely, very deeply. But what if you're in chronic stress, chronic trash kind of stages, the same thing.

So the brain is under chronic stress situation. What is going to do is steep in spurts, but every hour and half, every two hours is going to pop awake and. I have met many people. I'm sure you have too, who have really described beautiful lives, that they, you know, the things going well in the life except they can't sleep.

And that's enough, if you think you're not being able to do something, that'll keep you awake all by itself. And the insomnia feeds on itself. We define chronic and cyber is having insomnia for more than three months. And, you know, we see people with 15, 20 years of insomnia all the time,

Diana Hill: [00:26:11] well, it's interesting. Cause the paradox of insomnia is very much the paradox of control. You see the same thing in something like a panic attack. So if somebody starts to feel a little bit anxious and then they pay more attention to the physiology of what's happening inside their body, and then now they can't breathe.

And now they're noticing their heart, which causes the panic to get worse and just like telling someone not to be anxious. Causes them to be more anxious, trying to make yourself sleep. You're going to be less likely to sleep. So there's all these cognitive components associated with sleep

we had Alicia, Dr. Alicia Brosse on a, a while ago to talk about cognitive behavior therapy for insomnia, CBT I, and she talks about approaching a sleep with more of a willingness and stance of acceptance as opposed to control, but then there's a lot of, cues that trigger our sleep or prevent us from sleeping our sleep environments.

Everybody's heard about sleep hygiene, but as you write in the book, that's a little outdated. There's some newer information out since the sleep hygiene and the 1970s. What about, environments that help support and promote sleep? And what are we doing behaviorally uh, screen use our beds? what are we doing? Behavioral is getting in the way of a good night's sleep.

Rafael Pelayo: [00:27:18] I think thinking about sleep and control is a, is a really smart way of thinking about it because it really is. It's a part of this because sleeping in the end is about giving up control you. You're saying I am. I am going to go into the state of vulnerability. And just like, it's you cannot meditate.

If you feel that you're in danger, you don't people, you just sit in the highway, meditate, you know, in a crowded space. Right. It's hard to do that. It's hard to sleep if you think that you're in danger. So you have to. Give up that control people sleep better, usually around groups. If you know somebody around, nobody put their kids in little caves, 30,000 years ago, children slept with their parents, right?

Putting the kids up in bedrooms, a cultural thing. It's okay to do that. It's okay to, for them to wear shoes, let's give them to wear helmets, but it's cultural. So there is a whole thing, a sleeping the vulnerability about it and giving up control at the same time. Sleep is a biological process, but it's also a learned process.

You're taught how to sleep. It's you learn to do that. So you create associations with your sleeping environment that you associated with safety. when we used to travel before the pandemic. No matter where you go in the world, you may go to some wonderful places. There's a special feeling about coming back to your own bed, getting back into your home, the feeling of, Oh, you know, it feels so good to get it back and people are so familiar with it.

It's, it's a, it's a place of comfort and it's a place of sanctuary. It's a place of safety. And we sleep best in States of serenity. We sleep best. We want to feel safe, comfortable, and loved. That's the environment for our kids. The question for yourself as an adult, how do you provide that environment for yourself?

You want to be able to go to bed that is going to sleep should not be a hassle. Going to sleep is not a chore. It's something you get to do, and it's going to help you do better tomorrow. Right? Are we sleeping to enhance our, to be able to function better the next day? Or are we sleeping to escape our world?

It's

a different perspective.

Diana Hill: [00:29:10] It's interesting that concept of the bed, because one of the things that started happening for a lot of people during the pandemic, when they were, uh, working from home more, and there's such limited spaces in our homes, kids are in this room and partners in this room. Right. And so people started working from their beds.

And I noticed this, even for myself or even there was a couple of sessions, um, that it was really hot in my office. I didn't have air conditioning. And so I was seeing some clients from my bed. And I'm talking about trauma and suicidal thoughts from my bed.

And then I go to bed at night and what pops up, right? It's it's in the same basics of behavioral psychology in terms of like the context that you're in will evoke, uh, the learning that happened there. So it's, but it's insidious. We don't even think about it. It's like, Oh my bad. I'll just sit down and, you know, grade some papers from my bed, but it causes a lot of problems are

Rafael Pelayo: [00:30:05] Yeah. I mean, one thing you see, especially with teenagers, I love, I work a lot with kids is a lot of teenagers spend more time awake in their bedrooms and sleeping in their bedroom. There's something to think about, right? I mean, you spend more time awake and sleeping there. It's very anecdotal, I think, to do.

Yeah, you definitely have the separate, uh, space, this idea in psychology of stimulus control, where you want to have a different environment for sleeping and being awake. And of course there's always two people who, um, Good trouble. Sleeping patients often will say things to me. Like, I know I'm not supposed to do this, but I do it anyway.

That's supposed to read in bed and they kind of have almost this guilt about it. Like they come to confession, you know, I'm not supposed to do this, but I do it anyway. And they're like, it's okay. You know, it's like saying, can you have chocolate cake for breakfast? What's okay to do it. If you, you know, if it's a special occasion, you don't have diabetes, but if you do, you shouldn't do that. So we do want to have that, that separation between your sleeping world and your wake world. But the reason is people get caught up in the sleep hygiene of these exact rules. And I really want people to take a step back and think about the reason behind it is. You're trying to realize that sleeping is, I think you learn to do that.

You enjoy just because you have a routine does, I mean, it's pleasant. You may have a routine that's unpleasant and therefore you dread it and sleeping is I got to go through all these steps in order to go to sleep. And I don't like doing it and they get resentful. They get angry about it. So it's, I think the more thing is

Diana Hill: [00:31:25] you use that term in your book, ortho Somnia, where people are getting it's like orthorexia, I work with eating disorders and you get so obsessed about all of your sleep routines. You need your magnesium bath and your blue light glasses and all these things, then you're lying awake. Uh, can you talk a little bit about screen use because that's one of the things where the recommendation is.

To turn off your screens two hours before bed. And the reality is, is most people are, that's how they're reading now is, is on, on their phone or, or for a lot of people, I was talking with a client about it. They're using their phone because it has their sleep sounds on it. Or they're the things that Sue them at night that they turn to.

So w what should we be doing there and what is happening with the blue light and our act?

Rafael Pelayo: [00:32:05] I think we got to stop calling this thing a phone anyway, it's just a handheld computer, right? Because most people use, especially our teenagers. They don't use your phones for, for us the phone, mostly you occasionally talk into it, but you mostly have interactions with it or more as a handheld computer.

, I have mixed minds about the screens there. There was a very cool story. And your anatomy, um, how, for years, when we were students, we were taught that there were all these things called rods and cones at the photo receptors, in the retina where the rods and cones, and then. they realized later that there were these special, , what do we separate that have been ignored for a long time, which are these intrinsic photo receptive ganglion cells. They simply only seem to have one function. Mr. Noah Dawn occurred to these little tiny neurons in, um, photo receptors, et cetera, right.

That they had this one thing and they happened to respond preferentially to the blue light. And that's what the blue light thing comes about. That. First to see. And I retina it's it's it's poly synaptic. So there's all these layers of retinal tissue that gets processed for how the vision to work.

But there's these one set of neurons where they just mentioned that having a single axon, a straight line, a straight shot to the biological clock, which is in the hypothalamus, it's called the suprachiasmatic nucleus. So you have a single line. It's a straight shot to the clock in the brain wants to know what time Dawn occurred, because it's essential for our survival as animals to predict Dawn and dusk.

And we actually live in a planet where the days shift and go right now with walking and we can be gaining an hour sleep this weekend. And in the spring we're going to lose an hour and that's a whole separate conversation. But the fact is that the sun comes and goes, the days get longer, they get shorter. And if we're hunters and gatherers, we need to predict, set up and send down no that you hunt and gather. So it was essential for our survival to predict, set up and send down. And many animals are down here and electrical. And the genes for this have been worked out the point. There was the twenties 17 Nobel prize. What happens is your brain is going to predict Dawn and dusk. And those that more or less sort of come up around the same time every day. So circadian means about a day because if I wake up at eight o'clock in the morning and that's the first light to light in my eyes tomorrow, my light's going to come around eight o'clock in the morning again.

And that's where that comes from. But if you ask any person about their sleep needs, they're going to give you two numbers. You might write down and say,

how much sleep do you need? Well, if people say things like to get nine, but I can get by with seven or I can get by with six, as long as I can get this minimum amount, she has minimal sleep that we can get by.

And it makes sense. If sleep is inherently dangerous, we should have flexibility in our ability to sleep and how we adapt to things. So we have this, all this is built into it. So what happens is when you have light coming into your eyes at night, it tells your brain it's a long summer day, or it's a short summer night.

So the brain is going to start saying, okay, I'm staying, stay awake longer. And the signal to our brain that night is coming. Your clients are familiar with it is, is this, uh, the pineal gland, creating melatonin, melatonin tells your brain nights, approaching people think all melatonin makes us sleepy.

We're not really, it doesn't really make you sleepy. It just tells your brain that night's approaching and nocturnal animals like rodents have elevated melatonin in their brains at night. It means to them. By the time it's coming, get busy. So melatonin can be a signal to get active or to, or to go to sleep.

It's simply signal. The night is approaching, but the melatonin secretion is interfered with, by light is black. So now when you have a lot of bright light, you'd have somebody who's eating pounds of melatonin, but you have light pouring into your eyes. It's not going to really work because the melatonin is that supposed to be active coming in with lights, coming into your eyes.

So that's why we know that light plays a role in our circadian rhythms. And the most drastic example of this is people who are blind, who, who are, who don't have any light perception. Some people are different degrees of blindness.

People who are blind have very messed up sleep cycles, um, and the medication that they can get for that, and the ways they've been training them.

So we know the way it plays a role in this. Having said all that, it's not just the light because that's not. It's a, it's an influencer, but what matters more is that the light, but the content that you're acquiring, the impression you're getting. So if you want to really upset a teenager, take away their phone, right?

Because they get really mad. And if I make somebody mad, you're not going to follow up. Right. If I, if it, cause if you anger, somebody's anger is, will keep you awake more and more than light, I think. So it's more of an issue of them. Do they want to give it up? Um, I saw, an old, TV show of the today show 1975 episode because Dr.

Demand, who we mentioned earlier, was a guest on the Johnny Carson show. And I was watching this clip, uh, of, of, of Johnny Carson and 1975. And he says, deducted med parents are mad at me because they see the kids stay awake, watching my show. Now there was no internet back there. There was no cell phones back then, but people were still watching TV.

It was at the light or the content or the chance to stay awake a little bit. It's always easier to stay awake at the fall asleep. So you always will stay awake a little bit longer. If you are looking to fall asleep. Faster. Yes. You want to keep your lights down to some degree, but at the same time, it can't be this idea that you must black out or white because what they've done with the cell phones and the apps that they put in these blue light filters, like, okay, this makes biological sense.

You've gotten rid of this blue light, but the not really been shown to make a huge difference in whether you would asleep or not. So I, I come to think about adding these blue light blockers as kind of putting a filter on a cigarette. Yeah. It may filter somethings out, but you're still getting nicotine.

You still have this whole

Diana Hill: [00:37:34] So the it's the content that you're engaging with that matters just as much. And, and part of also, it sounds like your brain in a wind down kind of position or a winding up, are you reading things that activate your threat system make you feel unsafe? The news, things like that. And I loved in your book about, and this is something that Dr.Bras also talked about and what to do when you wake up in the night. Because a lot of times what we do is we wake up and we phones right there. We turned to our phone and we scroll through, or we, and that just activates our brain again. But, Dr. Brosse and you talk about creating a space to go to where you have something kind of boring to do.

She said, go color or knit. And you said, read your appliance manual.

Rafael Pelayo: [00:38:14] Yeah, they'll go, go, can we, the refrigerator warranty, right.

Diana Hill: [00:38:17] So what should we do when we wake up in the night?

Rafael Pelayo: [00:38:19] you should be glad you woke up.

Diana Hill: [00:38:21] We're alive,

Rafael Pelayo: [00:38:22] Yeah. I mean, we live in California is tomorrow guarantee to any one of us right it's out of your control, but it could be an earthquake that not to be morbid.

But the point is you shouldn't be upset that you woke up and said, it's an amazing thing that we go through these cycles and wake up. So waking up is not the problem. Biologically, all humans wake up about every hour and a half. This is not the thinking that you woke up this just, can you go back to sleep?

This is a separate issue, but don't get mad that you woke up. That's your biology. You supposed to wake up, you have to get up, go check on things or humans, open their eyes throughout the night and check out their environment. About 10 times an hour. We have a little brush of brainwaves. So that's about three seconds where we're checking the environment out.

We're always checking surroundings because sleeping in we're vulnerable. So we go through these up and down cycles. And they've actually done this with, uh, tribes, where they put a activity monitors on them and they see that in a tribe of people somebody's always awake throughout the night. They may go to bed at the same time, but the cycling on and off and, There may be some value to, to a grandmother, a menopausal grandmother, uh, who has when women go through menopause, choppy.

Well, they contribute you to the tribe also because their fragmentation of their sleep is watching out. And when children, teenagers go through puberty, they have a natural biological shift to go to bed later. But that's counted by all of us. I'm in my fifties, people over age 50, have a harder time going to, uh, staying up at night.

We tend to go to bed earlier and it gradually builds. So we're all protective of this. Um, can you repeat your question? Cause I know I digress a little bit on that are in progress

Diana Hill: [00:39:54] we should do if we do wake up in the night

Rafael Pelayo: [00:39:55] up and thank you. Thank you. Okay. So first off, Don't be upset, then we decide, okay, what woke you up? Um, if you woke up for a valid reason, right?

Then go take care of that, You know, I just realized I forgot to lock my, my friend tour go lock the front door, but I find you're waking up. And your mind is sticky people. When they wake up, you can't go back to sleep. It's unresolved things in the back of their mind. It's unfinished stuff, because what happens is a lot of people.

Well, any given day, you have 10 things to do and you get eight of them done. You had a great day, but the two that you forgot. You're going to remember laying in bed because that's when you're alone with your thoughts. But if, instead of thinking about those two things that you did do, you sh you're reading until the last second you're on your tablet or whatever, and then you crash, you fall asleep.

These two things did not get done. So after you get a minimum on a sleep, three, four or five hours, five hours has to be a magic number after five hours, you're going to pop awake and go, Hey, I didn't take care of this and take care of that. Or what about this? So you could go try to take care of those things, but there's a lot of things that are out of our control.

And if it's out of your control, there's no point in dwelling on it now says, okay, I'll deal with it tomorrow. So if you laying in bed, You pop awake, don't get upset. Don't look at the clock. Cause it doesn't really matter what happens when it's night time. That's what time it is. You don't need to know three patients with classically.

I got up at three 18 to 28.

It doesn't matter. Just you, you up.

Yeah,

Diana Hill: [00:41:15] what time it is for you. If you're

Rafael Pelayo: [00:41:16] yeah. It's nighttime, right? Yeah. It's night time. Just turn the clock around, , Because what happens to people think of like, I woke up and that was a problem to be fixed. Oh, should I take my pill or not take my pill? I left half the pill by the bedside. Can I take it now? So then I go do this. We'll take that. And now the natural biological awakenings become problems to be solved, and you're gonna spin your wheels. So if you lay in bed for a few minutes and you find, Hey, you know, just know we realize that sleep will always come, just wait, it's going to come.

If I need help getting edgy, getting restless, like, ah, you know, you just, this is happening every night to you. Leave, but do something that's not productive because when people think are wasting my time, you want to go do something, but if you do something that's productive, you rewarding insomnia. I have a

patients who like leave the dishes, houses where I will know I'm going to wake up at three o'clock in the morning and I'll do my dishes.

Then I'm going to work on this for work. If it's something that you need to do, then go ahead and do it because it's important.

Diana Hill: [00:42:08] you know, during the pandemic, when we were homeschooling and my colleague and I, Debbie, we're writing a book together, like really bad time to be writing a book and being a parent and having a practice, I would wake up in the night and I'd have these deadlines and I would, this is such like a confession, as you said, I would go and I'd work on the book.

In the middle of the night for a couple hours, and then I'd feel this relief. I'm like, okay, I actually got something done. Cause it was the only quiet time in my day to be able to get, I actually got some really good writing in and then I'd go back to bed. But then the whole day I'd feel irritable and, you know, distractible and all the consequences of the middle of the night work.

But you're right. It's so reinforcing. If you're productive during that insomnia time, it's just, it just. Continued the cycle of insomnia for me. And I started, , really changing my habits because it got so, so bad. And now what I do is I have a space that I go to where I keep, I have cookbooks and I just look through like pictures and it brings me kind of like pleasant feelings, but there's just not a lot of content in it when you're reading a recipe and then I get sleepy and then I go back to bed.

And another thing that I, that I tried of yours, that actually has been. Awesome, which is doing a journal

and I call it my day is done journal. Cause I think he used some kind of languaging in that. Yeah. Yeah. My day is done. Yeah. Yeah. Say it and believe it. And then I write down all the things that might come up for me in the middle of the night, the unfinished projects, but also what I'm going to, , get to the grocery store tomorrow.

Anything that all ruminates on. And then at the end, I just put it in the journal I write the day is done and I close it. It's sorta like how, at the end of the day in our house, we say kitchen closed, no more snacks kids. Mom's not cleaning it up again. Kitchen closed. But I, but I, I liked that because it's not that I'm actually ever gonna.

Finish all these things, but I have them down to the, my mind. Won't have to remind me of them as I'm falling asleep or in the middle of the night. It's been a game changer for me. I really appreciate that idea for you. Thank you.

Rafael Pelayo: [00:44:05] thank you. Well, I learned that from other people too. I mean, just sharing information that we will learn from our colleagues and friends over the years, when you write that down in the evening, people say, well, can I just do it in the middle of the day or something?

He goes, no, I want it to be your day's over. It gives you the closure. It's kind of, you're tucking yourself in. And when you do that, you don't just jump into bed, do something you enjoy. You know, you reward yourself. I mean, my day is done. You weren't bath, whatever you want to do that say my day is done.

But the next thing is in the morning when you wake up or first of all, during the night, if you remember something you pop up, he goes, no, no. The importance of, for the guy written down, it's taken care of. I don't have to go write it down again, but in the morning, when you look at the things you wrote, if you get, if you look at them again and go, so your days organized, it's all there.

Right. And Problems always seem larger to us in the evening, in the morning. I'm like, Oh, I'm so worried about this thing. It wasn't as bad as I thought, but by, by doing this on a regular basis, that seems to be consistently with patients telling me is the best thing to give it to the racing thoughts in middle of the night is, is having things written down beforehand.

Because that way, you don't have to be in bed with these mixed signals because when you're laying in bed with the racing part, you're telling your body is, Hey body, I want you to sleep. Hey brain, don't forget to take care of this. And you're spinning your wheels, not getting anywhere, right? If you're stuck in the mud, stepping harder than the gas, is that going to get you out of the mud, you got to change your approach to it. That's what's happening with that. And people hate that. That waste the time that they spend in bed, We've had a number of guests on the show that we've been inspired by, and that are offering you our listeners discounts on their programs. If you go to our website offtheclockpsych.com, you'll be able to find coupon codes for the programs of Dr. Judson Brewer, Dr. Rick Hanson and Jen Lumenlun. So go check it out at, offtheclockpsych.com and start learning today.

Diana Hill: [00:45:51] So I wish I had you years ago when my kids were little and they weren't sleeping and I'd love to talk with you about kids sleep because that's the number one thing. When I sent out a little message to my co-host and I said, what do you, what should I talk to them about? And they were like, Kids sleep, get my kids to sleep.

So what are some tips? And I know

Rafael Pelayo: [00:46:08]

children

are born, sleeping, randomly the rhythms impose on them by you.

So

let's make believe that your family, that you were sleeping at the time, they tell me at work that night you would have a child adapt to your schedule.

The

baby is born. W with, with, with the plasticity, to their sleep patterns that you impose on them as you go along, just like do it with food, you can eat randomly if you could sleep randomly. but then you don't get into any kind of rhythm and

you need to have rhythms because we're hunters and gatherers again.

Right.

How can we

decide

to how can you, and I agree today to, to meet at a certain time for this podcast, unless we could predict time to a certain degree. It's essential for us to be organized as a society,

to be able to do things at a certain time. So. What I really want to do is I take a step back and says, let's not ask what the child wants. Let's ask what the family wants, because I think about how the entire family sleeps. Um, cause I work with kids and adults and then once we see what scheduled the parents want, they don't

say, okay, what is your child's incentive to follow this, this pattern.

You, you know, if a kid's coming in at night to talk to you, what's your incentive to do that. And sometimes I flip it around a little bit. Let's say you have a. Three or four year old. And

it's wonderful to talk with them because kids have this magical way of thinking three or four year olds says, well, I wake up on that.

I go to my parents' room and

they usually pick one parent, by the way, there's obviously all kinds of families, right. So I'm just generalizing a two parent household, but there's all kinds of situations,

but

you'll see the only go to one side of the bed. Cause they know that's where that the parent that over-responsive to them.

And I say, how come the child will go to the other parent? He goes, Oh, that, you know, he, or she would ignore him.

Okay. Well that's the issue, right? But what

I find has been illuminating to me is, uh, so the kid comes to the parent's room, says, I, mommy can't sleep. They can't sleep. Whatever

I need help. And the parent puts them in the room, we're walking back and, parent is tied about this.

And then I ask a child, especially if it's somebody who's like at least three years old, he can take a talk with them. I said, did you know that your mom, your dad, you know, the

person is with you? You know, they wake up at night too, sometimes. They do.

They don't really have that. Right. It's hard for a child to understand what the parents are like when they're not around them.

Right. So say, you know, your, your parents, your mom, your dad, you know, they wake up at night also at night When they wake up on I do, they go to your room and wake you up to let you know that they're awake. Take on though. Why not? Because it's rude. Kids learn politeness, right?

It's one of the things you teach them. It's polite to say, please, it'd be rude for your parents to wake you up just because they can't sleep at night. Right. And ask dad. Why are you letting your parents know that you're awake at night? And you ask, you, ask your mom, let's get dad bringing the child to the visit. Is it okay for you to tell him in the morning, do you need to tell him right then and there in the dark, can you let them know in the morning? And they can say your parents

is Miami it's okay. If I tell you the morning that I woke up, because yeah, tell me the morning. I'd rather you do that, right? Do it that way. Cause the kids sometimes feel really guilty about it too, because they know that they're having trouble sleeping and they know they irritate their parents, but they're scared. And I think a lot of times they fear that kids are having at night is really the so-called field to dark is really fear of being alone. Because children learn associate darkness with being left alone. The only time a kid is in the dark is usually when they're being left alone to sleep, maybe associate that. So we really fear the darker. I is just fear of being left alone it's just always into this issue of safety. And you see kids with anxiety issues, and you talk about it because it's about safety, but it's also about being loved. And you know that your mother loves you no matter what your dad loves you, no matter what. They provide you with a safe environment. If they pick that room out for years, because they know it's safe, they didn't pick a dangerous place for you to sleep if they're sleeping separate from you.

Right. So it's something you're learning how to do.

Just like you learned to tie your shoelaces, just like you learning to do different things. You got to learn to sleep separate because your parents decided this is **Diana Hill:** [00:49:55] and what are your thoughts about co-sleeping?

Rafael Pelayo: [00:49:58] it's personal.

It's a very personal thing.

Yeah, it's personal, right? It's it's, it's what you, as a parent decide, do you want your child to do it? It's as I said earlier, nobody who puts you in a separate cave, but it's a nice thing

for you to share a bed with a child. and it's not really co-sleeping it's bed sharing. Because you're asleep, you sleep less, a lot less hours than a child will. So nobody really shares exactly, uh, sleep and same time. It's impossible. You're not going to sleep 17 hours in a baby, but the baby will, but will you share the better? Not so they can in pediatrics, the concerns are for certain, for death is not to share a mattress

with

an infant, but

if

you've got a two or three year old, you want to cuddle with them, what's nicer.

And even parents would say that

they

don't, um, that they sleep separate from their kids. They have separate bedrooms. You know, on a Saturday morning, your kid wants to come into bed and cuddle with you for a little bit. You're going to turn them away. It's kind of nice

and

you're gonna miss it later when they get older,
they

don't want to serious anytime with you.

So it's a personal thing.

And as a clinician, it's not my job to impose my cultural beliefs on my patients. It's more issue to find out. So you've dedicated a career to sleep.

Diana Hill: [00:51:06] You're married to a physician who also specialize in sleep. What are you doing in your household to get a good night's sleep? And what is your family?

Rafael Pelayo: [00:51:18] It's

just a routine thing. People, patients will tell you I sleep well. I was like, I see fine.

Yeah. I just go, I go to bed at night. I lay down, I fall asleep and I wake up. I don't

have occasionally, if something, you know, I've had sad things happen in my life. I've had, you know, things that

we

go through and

I

pop awake and I realize that I know, okay, this is what's happening.

Um,

And, and, but I know that this is a fight.

I think that I reacting a certain way because something has happened in my life.

So I'm not sleeping well at that moment, but I know that sleep is going to come again. So I know that basically my body's doing what it's supposed to do

when

your body wakes you up.

So

I'm

not that worried about sleeping. we have two children? And I write about them in the book about how they slept. overall they sleep well.

We're

fortunate. We've had sleep. You know, situations that have come up over the years and we've addressed them. I go to bed around the same time, most nights

and pop awake around the same time most days. I look forward to, to when I wake up, I know I'm going to go

do things.

I

rarely set alarm clock. That's really it. I mean, if I want to read or watch TV a little bit at night, it's okay.

But I'm not,

I'm

not worried about not sleeping. It's not, it's not a concern. I have some

unfortunate, but I've had had the experience of having bouts of insomnia with traveling and things. There's things you want settled, somebody's sick or something. Um, so I, I th I, I understand how that works. I snore, so I don't want a storage.

I use a C-PAP machine myself. I like that.

so That's how that goes.

Diana Hill: [00:52:45] It's interesting. Cause it's, it's sort of a similar response when you talk to someone that is just a normal eater and doesn't struggle with food and doesn't struggle with her, their body weight or their body image. They're just like I eat when I hung up, when I'm hungry, I stop. When I'm full, I eat foods that I enjoy, you know, I don't stress about it and it's not a, it becomes not an issue.

Right. And so it's, it seems like with these, you know, basic body functions like sleep it's some of it is trusting. Trusting your body knows what, what to do and, and getting out of the way a little bit and just letting it be, do what it does and enjoy of eating and sleep.

Yeah. If someone is having, um, uh, struggling with their sleep and, or their child is struggling with sleep, what would you recommend in terms of they are seeking out, um, a sleep doctor or someone to help them? What, in terms of that? what should you be looking for?

When do you know to go.

Rafael Pelayo: [00:53:36] We have a whole chapter on what's it like to visit a sleep doctor? And when you want to go, if somebody says I, um, I wake up tired. I wake up and refresh, no matter how much sleep I get, then you want to get some professional help. A lot of people say, well, I'm

tired. I'm sleeping when I wake up, because I think enough hours of sleep.

And they go, well, what happens when you're on vacation? Do you have time off? Do you still feel that way? If somebody says, Oh no, what am I vacation? I feel fine. It's only when I'm at work. They don't care this way, behavioral issue. But if somebody says to me, I'm tagging about how much sleep I get. I don't have memories of waking up refreshed, or I used to wake up professionals younger and

I'd never wake up professional more.

If

you're tired about how much sleep you're getting, then you gotta think about the quality of sleep. When I think of sleep, I think of sleep in four dimensions. there's four components. Anybody's sleep problem.

The

amount of sleep,

the

quality of their sleep, the timing of their sleep.

And

ultimately their state of mind

are looking

forward to sleeping, sleeping. So do they enjoy their life? Because your sleep is your function of your wife, your life, your focus on your sleep. It goes in both directions. I gotta get a sense of what of what's happening and you're going to meet some people describe to you

ethics
situations.

I
just saw a patient a few days ago with one of my trainees, one of our fellows, and he described this insomnia issues. And then when we talk with somebody deeply.

She's
worried about her father dying and she's got to go, no, that she takes any medication. She will be able to drive to

go see him on his death bed kind of thing.

So she's conflicted. So I explained to her, listen, given the situation that you're in, why are you expecting to get a good night's sleep? You're going to sleep thinking you're on call to go see somebody before they die. You are going to go through this period of time where you're not going to sleep well.

It'd be weird if you were sleeping, just fine.

Give

a situation describing. So you gotta think a little bit differently. It's not the

sleep. It's the situation that you're in. So if somebody says that if they're tying them amount of how much they get, then

you want to get your sleep measured.

one, the reason I wrote the book is that you meet people that have been serving with Steve for years and years and years. And you realize that once they get the right attention, you can get the problems better and they'll improve. So if somebody says to me, uh, or somebody, if you say to your doctor, Hey,

I'm
tired.

Your doctor says I'm tired too, or I can't sleep, but doctors don't sleep either. You're seeing the wrong doctor, right? You want to see somebody who takes care of this? In modern sleep medicine has reached a point. Now that

is it's unusual for somebody that we can improve. We have good tools for insomnia CBTS, but an excellent tool for this.

We have better medications than ever for sleep apnea. C-PAP is

never been better when the golden era of C-PAP right now, we're living through it right now. I have patients say, well, years ago I tried it. Didn't work. than before. So you should be seeing a sleep doctor.

Diana Hill: [00:56:13] it

is interesting because the second chapter of your book is on snoring. And I was like, Oh my gosh, what a bore. Sorry. Um, but then I read it. I'm sorry. And I'm thinking about, it's actually quite interesting. How many people snore, how many of my clients have reported snoring and, and it's actually a major problem in their marriage.

They can't sleep in the same bed or they feel really terrible when they wake up and they just sort of say it, but I'm a snore, it's just sort of who I am. Right. Or are they. Travel. And they can't ever be a roommate with anybody, but I was fascinated to find out how, how much snoring is actually a physiological problem that really, we

need to be serious about addressing and recommend you go see a doctor, if you're snoring, it's a big

Rafael Pelayo: [00:56:53] Yeah.

Nobody should

ever snore, especially not a child, but certainly nobody should ever snore snoring

right now that you know, you and I are talking with each other. But when that snoring

right

breathing is a real breathing, a silent right.

Reading, a selling activity. Why would you take off your presence with two predators by making noise?

And I've had patients tell me things more snoring scares away the wild animals, because they know you're there it goes. No, it's, that's a dinner bell. Right.

there's no snoring in the wild, really

so snoring always implies some degree of airflow obstruction and the snoring by itself can be disruptive for your bed.

Partner's unpleasant

, we talk about couples. You have to be not only compatible when your awake, you have to be Steve compatible, right? If nobody wants to sleep next to a

snoring person, it's unpleasant

and it

gets louder and gets worse over time.

Yeah.

Somebody

asked me that the other day. W how, um, when am I allowed to punch two, two to two punch my bed partner,

like

never, you know, once you

ask

a bed partner, if they want to be reminded to turn on their side, because sleeping on your back,

let

them to have this conversation upfront.

Why

do in the middle of the night, when people are going to go out, I'm going to be upset that they go mock it up, but you should never, ever snore.

It's always a sign of some degree of airflow obstruction. It could be allergies, it can be broken nose, it could be sleep apnea. and. Sleep research became sleep medicine

because

we needed to clean where people die in their sleep. And this whole idea of people dying of natural causes people dying peacefully in their sleep, maybe, but maybe they could have been choking in their sleep while you're dreaming REM sleep, is for a lot of us, when we have our peak heart rate,

if

you have a sedentary lifestyle, the biggest workout your heart gets

is simply

dreaming and heart attacks cluster,

or at

the same time, but dreaming occurs and.

One of our referrals. These days are coming from cardiologists

because

HCI and the patients with atrial fibrillation, uncontrolled hypertension actually have sleep, sleep apnea specifically. That's not been addressed in the good news. The wonderful news is if you address the sleep apnea, cardiac effects improve.

So we know it's a good thing to do it.

It

should make sense to you that it's good to breathe and sleep. At the same time when people sleep apnea seem to have trouble doing both at the same time. And the brain says I'd rather sleep than breathe. Think about it. It's so crucial to sleep. The brain says I'd rather sleep and breathe and that's what happens there.

Diana Hill: [00:59:10] Yeah. Well, thank you. , thank you for addressing all of that and everything that you've addressed today. Everything from a sleep across the lifespan to what's happening. When we sleep what I love about you is very workable. A flexible approach to sleep. It's not that there's these rigid rules that you need to follow, but really what's workable in your life and, and how you can get a better night's sleep over time by, by looking at some of these strategies, you're going to be joining us again in January with our wise mind summit, with psychologists off the clock and listeners will get a chance to.

Send in questions to us so that we can offer them to you to answer more questions, wait to see you again. It's been a delight to have you on the show and go out and get how to sleep, which is coming out December. What's the date of. December 8th.

Okay. So it'll be out by the time we released this episode, which will be the second week of December. So that's wonderful. Go and go and find it and

hopefully you will get a better night's sleep everybody after reading this book.
Thank you so much, Dr. Pelayo.

Thank you for listening to psychologist off the clock. If you enjoy our podcast, you can help us out by leaving a review or contributing on Patreon.

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Jill Stoddard: [01:00:30] We'd like to thank our strategic consultant, Michael Herold and our interns, Katy Rothfelder and Melissa Miller.

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